PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application	or	Docket	Number

09/462325

		CLAIMS AS	FILED - PA	ART I (Colu	mn 2)	SMALL I	NTITY	OR	OTHER SMALL I	
FO	R	NUMBE	R FILED	NUMBER E	XTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE				12		345.00	OR	10.747	690.00
то	TAL CLAIMS	Z ^v		. 3	}	X\$ 9=	27	OR	X\$18=	54
IND	EPENDENT CLA	AIMS /	minus 3 =	<u> </u>		X39=	156	OR	X78=	312
MULTIPLE DEPENDENT CLAIM PRESENT					+130=	,	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	528	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				OTHER THA SMALL ENTITY OR SMALL ENTIT						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus +	*	=	X\$ 9=		OR	X\$18=	
AME	Independent	*		**	=	X39=		OR	X78=	
-	FIRST PRESE	NTATION OF MU	JLTIPLE DEPEN	NDENT CLAIM	i	+130=		OR	+260=	٠.
			TOTAL ADDIT, FEE			TOTAL ADDIT. FEE	*			
Ĺ	<u> </u>	(Column 1)		(Column 2)	(Column 3)				-	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 25	Minus •	· 23	= 2	X\$ 9=	18.00	OR	X\$18=	
AME	Independent	* 5	Minus	17		X39=		OR	X78=	
-	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDENT CLAIN		+130=		OR	+260=	
						TOTAL ADDIT. FEE	18.00		TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
POM	Total	*	Minus	• •	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDENT CLAIN	1	+130=		1	+260=	
	If the entry in colu	mn 1 is less than t	he entry in column	n 2, write "0" in c	olumn 3.	TOTAL		OR	+20U= TOTAL	
	If the "Highest Number of the the things of the things	mber Previously P mber Previously P	aid For" IN THIS S aid For" IN THIS	SPACE is less th SPACE is less th	an 20, enter "20. ian 3, enter "3."	ADDIT. FEE	propriate bo	OR ox in co	ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	APPLICATION	NUMBER:	 				
			Total Fee	: Calculation	1		
		Fee Code	Total # Claims	Number Extra X	Fcc	Fec =	Total
		Sm./Lg.			Sm. Entity	Lg. Entity	1-61
	Basic Filing Fee	201/101	M	n		-	
	Total Claims >20	203/103	20.	2/ x			27
	Independent Claims >3	202/102		<u> </u>			164
•	Mult. Dep Claim Present	204/104	•			*	- 7
ł	Surcharge	205/105	•				1
	English Translation	139					
	TOTAL FEE CALCUL	ATION	• • • • • • • • • • • • • • • • • • •				
	Fees due upon filing t	the application:					
	Total Filing Fees Due	:= S		593		·	
	Less Filing Fees Subn	nitted - S					
	BALANCE DUE	= S <u></u>	5	93			
	Office of Initial Paten	t Examination	h				
		•	l·i	uuro 7		•	

FORM OIPE-RAM-01 (Rev. 12/97)